PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/501,438			ing Date 13/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),		N/A		N/A		N/A		ı	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A		ı	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		1	N/A		
TO1 (37	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1,16(h))	iS .	minus 3 = *				x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 t	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).								
	MULTIPLE DEPEN	DENT CLAIM PR	ESENT (3	7 CFR 1.16(j))]			ı			
* If 1	the difference in colu	r "0" in column 2.		TOTAL		l	TOTAL					
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY O			OTHER THAN OR SMALL ENTITY		
ΙΝ	01/29/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.16(i))	* 5	Minus	 23	= 0]	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0]	X \$100 =	0	OR	x s =		
Ā	Application Size Fee (37 CFR 1.16(s))											
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						-	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
L		(Column 1)		(Column 2)	(Column 3)	_						
_		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1,18(i))		Minus	**	=]	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1.16(h))		Minus	***	=]	x \$ =		OR	x \$ =		
핇	Application Size Fee (37 CFR 1.16(s))]						
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Institument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEP. 1.14. This collection in extensive this line 22 vanishes to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burden, about the sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450.